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Letter to the
Editor

Comment on "Concomitant pulmonary thromboendarterectomy and supracoronary ascending aorta replacement: case report"

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Dear Editor,

I have read the case report of Concomitant pulmonary thromboendarterectomy and supracoronary ascending aorta replacement by Osman Fehmi Beyazal, et al. with great interest. The limitations and advances of the case are clearly discussed by the authors. It is very promising to know that highly equipped surgical teams that can perform this kind of complex surgeries with great outcomes exist. The preoperative evaluation of the patient was done significantly, and all possible results were measured. All indications for combined surgery were made clear by the authors prior to intervention. I believe that postoperative outcomes were also made very clear.

I would like to ask the authors why postoperative transthoracic echocardiography (TTE) at 3 months was not included in the report.[1] In both preoperative and postop 7th day TTE, TAPSE was measured 19 mm and 12 mm consecutively which indicates poor prognosis. In early stages after pulmonary thromboendarterectomy (PTE) TAPSE was found to decrease in literature[2] however it does not correlate with pulmonary valve resistance (PVR) after surgery that is why adding long term follow-up TTE results will bring more insight to the reader and might enlighten more issues in this subject. Another issue is that an patent foramen ovale (PFO) was mentioned in the first preoperative TTE but was not mentioned on the 2nd and postoperative TTE. This raises the question "What happened to the PFO?". In case of deep vein thrombosis (DVT) PFO can cause paradox embolism, and I believe that the patient can also benefit from PFO closure during cardiac surgery. Addition of a late stage postoperative TTE will eliminate these questions from a great deal of readers.

Once again, I would like to congratulate and thank the authors for their great work.

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The authors have no conflicts of interest to declare.

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Author Contributions
All of the authors declare that they have all participated in the design, execution, and analysis of the paper, and that they have approved the final version.

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Author reply "Concomitant pulmonary thromboendarterectomy and supracoronary ascending aorta replacement: case report"

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Dear Editor,

Patent foramen ovale (PFO) was detected in transthoracic echocardiography (TTE) performed when the patient applied to the cardiology clinic and thrombolytic treatment was initiated. As mentioned in our article, no PFO findings were observed in the TTE performed two years later, when the patient applied to us.[1] Therefore, there was no need for surgical intervention. Indeed, PFO was not observed in any of the many postoperative control TTEs. Additionally, PFO was not observed in the postoperative right heart catheterization (RHC). This difference between the initial TTE and subsequent TTE findings may be due to false positivity in the initial TTE, or it may be due to spontaneous closure that significantly reduced contrast transmission in the 2-year period. In the latest TTE performed 16 months after the operation, the ejection fraction was 50% and TAPSE was 16 mm. In the RHC 17 months later, sPAP was measured as 30 mmHg, mPAP was 22 mmHg, PVR was 3.4 W, cardiac output was 4.4 L/min, and cardiac index was 2.09 L/min/m^2. These findings also show that these values decreased dramatically after the operation compared to the pre-operative values.

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